835 Remittance Advice Codes and Values Mapping

DRAFT

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
1	Transaction Set Header/ Transaction Set Identifier Code	Transaction Set Header - ST01	835 - Health Care Claim Payment/Advice	No Current Equivalent	835 - Health Care Claim Payment/Advice
2	Financial Information/ Transaction Handling Code	Transaction Set Header - BPR01	C – Payment Accompanies Remittance Advice D – Make Payment Only H – Notification Only I – Remittance Information Only P – Prenotification of Future Transfers U – Split Payment and Remittance X – Handling Party's Option to Split Payment and Remittance	No Current Equivalent	C – Payment Accompanies Remittance Advice D – Make Payment Only H – Notification Only I – Remittance Information Only P – Prenotification of Future Transfers U – Split Payment and Remittance X – Handling Party's Option to Split Payment and Remittance
3	Financial Information/ Credit/Debit Flag Code	Transaction Set Header - BPR03	C – Credit D – Debit	No Current Equivalent	C – Credit D – Debit
4	Financial Information/ Payment Method Code	Transaction Set Header - BPR04	ACH – Automated Clearing House (ACH) BOP – Financial Institution Option CHK – Check FWT – Federal Reserve Funds/Wire Transfer – Nonrepetitive NON – Non-Payment Data	No Current Equivalent	ACH – Automated Clearing House (ACH) BOP – Financial Institution Option CHK – Check FWT – Federal Reserve Funds/Wire Transfer – Nonrepetitive NON – Non-Payment Data
5	Financial Information/ Payment Format Code	Transaction Set Header - BPR05	CCP – Cash Concentration/Disbursement plus Addenda (CCD+) (ACH) CTX – Corporate Trade Exchange (CTX) (ACH)	No Current Equivalent	CCP – Cash Concentration/Disbursement plus Addenda (CCD+) (ACH) CTX – Corporate Trade Exchange (CTX) (ACH)
6	Financial Information/ (DFI) ID Number Qualifier	Transaction Set Header - BPR06	01 – ABA Transit Routing Number Including Check Digits (9 digits) 04 – Canadian Bank Branch and Institution Number	No Current Equivalent	01 – ABA Transit Routing Number Including Check Digits (9 digits) 04 – Canadian Bank Branch and Institution Number
7	Financial Information/ Account Number Qualifier	Transaction Set Header - BPR08	DA – Demand Deposit	No Current Equivalent	DA – Demand Deposit
8	Financial Information/ (DFI) ID Number Qualifier	Transaction Set Header - BPR12	01 – ABA Transit Routing Number Including Check Digits (9 digits) 04 – Canadian Bank Branch and Institution Number	No Current Equivalent	01 – ABA Transit Routing Number Including Check Digits (9 digits) 04 – Canadian Bank Branch and Institution Number
9	Financial Information/ Account Number Qualifier	Transaction Set Header - BPR14	DA – Demand Deposit SG – Savings	No Current Equivalent	DA – Demand Deposit SG – Savings
10	Reassociation Trace Number/ Trace Type Code	Transaction Set Header -	1 – Current Transaction Trace Numbers	No Current Equivalent	1 – Current Transaction Trace Numbers

835 Remittance Advice Codes and Values Mapping

DRAFT

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
		TRN01			
11	Foreign Currency Information/ Entity Identifier Code	Transaction Set Header - CUR01	PR – Payer	No Current Equivalent	PR – Payer
12	Receiver Identification/ Reference Identification Qualifier	Transaction Set Header - REF01	EV – Receiver Identification Number	No Current Equivalent	EV – Receiver Identification Number
13	Version Identification/ Reference Identification Qualifier	Transaction Set Header - REF01	F2 – Version Code - Local	No Current Equivalent	F2 – Version Code - Local
14	Production Date/ Date/Time Qualifier	Transaction Set Header - DTM01	405 – Production	No Current Equivalent	405 – Production
15	Payer Identification/ Entity Identifier Code	1000A - N101	PR – Payer	No Current Equivalent	PR – Payer
16	Payer Identification/ Identification Code Qualifier	1000A - N103	XV – Health Care Financing Administration National PlanID<BI>Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	XV – Health Care Financing Administration National PlanID<BI>Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.
17	Additional Payer Identification/ Reference Identification Qualifier	1000A - REF01	2U – Payer Identification Number EO – Submitter Identification Number HI – Health Industry Number (HIN) NF – National Association of Insurance Commissioners (NAIC) Code	No Current Equivalent	2U – Payer Identification Number EO – Submitter Identification Number HI – Health Industry Number (HIN) NF – National Association of Insurance Commissioners (NAIC) Code
18	Payer Contact Information/ Contact Function Code	1000A - PER01	CX – Payers Claim Office	No Current Equivalent	CX – Payers Claim Office
19	Payer Contact Information/ Communication Number Qualifier	1000A - PER03	EM – Electronic Mail FX – Facsimile TE – Telephone	No Current Equivalent	EM – Electronic Mail FX – Facsimile TE – Telephone
20	Payer Contact Information/ Communication Number Qualifier	1000A - PER05	EM – Electronic Mail EX – Telephone Extension FX – Facsimile TE – Telephone	No Current Equivalent	EM – Electronic Mail EX – Telephone Extension FX – Facsimile TE – Telephone
21	Payer Contact Information/ Communication Number Qualifier	1000A - PER07	EX – Telephone Extension	No Current Equivalent	EX – Telephone Extension
22	Payee Identification/ Entity Identifier Code	1000B - N101	PE – Payee	No Current Equivalent	PE – Payee

835 Remittance Advice Codes and Values Mapping

DRAFT

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
23	Payee Identification/ Identification Code Qualifier	1000B - N103	FI – Federal Taxpayer's Identification Number XX – Health Care Financing Administration National Provider Identifier<BI>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	FI – Federal Taxpayer's Identification Number XX – Health Care Financing Administration National Provider Identifier<BI>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
24	Payee Additional Identification/ Reference Identification Qualifier	1000B - REF01	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1E – Dentist License Number 1F – Anesthesia License Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number D3 – National Association of Boards of Pharmacy Number G2 – Provider Commercial Number N5 – Provider Plan Network Identification Number PQ – Payee Identification TJ – Federal Taxpayer's Identification Number	No Current Equivalent	0B – State License Number 1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1E – Dentist License Number 1F – Anesthesia License Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number D3 – National Association of Boards of Pharmacy Number G2 – Provider Commercial Number N5 – Provider Plan Network Identification Number PQ – Payee Identification TJ – Federal Taxpayer's Identification Number

835 Remittance Advice Codes and Values Mapping

DRAFT

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
25	Claim Payment Information/ Claim Status Code	2100 - CLP02	1 – Processed as Primary 2 – Processed as Secondary 3 – Processed as Tertiary 4 – Denied 5 – Pended 10 – Received, but not in process 13 – Suspended 15 – Suspended - investigation with field 16 – Suspended - return with material 17 – Suspended - review pending 19 – Processed as Primary, Forwarded to Additional Payer(s) 20 – Processed as Secondary, Forwarded to Additional Payer(s) 21 – Processed as Tertiary, Forwarded to Additional Payer(s) 22 – Reversal of Previous Payment 23 – Not Our Claim, Forwarded to Additional Payer(s) 25 – Predetermination Pricing Only - No Payment 27 – Reviewed	No Current Equivalent	1 – Processed as Primary 2 – Processed as Secondary 3 – Processed as Tertiary 4 – Denied 5 – Pended 10 – Received, but not in process 13 – Suspended 15 – Suspended - investigation with field 16 – Suspended - return with material 17 – Suspended - review pending 19 – Processed as Primary, Forwarded to Additional Payer(s) 20 – Processed as Secondary, Forwarded to Additional Payer(s) 21 – Processed as Tertiary, Forwarded to Additional Payer(s) 22 – Reversal of Previous Payment 23 – Not Our Claim, Forwarded to Additional Payer(s) 25 – Predetermination Pricing Only - No Payment 27 – Reviewed

835 Remittance Advice Codes and Values Mapping

DRAFT

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
26	Claim Payment Information/ Claim Filing Indicator Code	2100 - CLP06	12 – Preferred Provider Organization (PPO) 13 – Point of Service (POS) 14 – Exclusive Provider Organization (EPO) 15 – Indemnity Insurance 16 – Health Maintenance Organization (HMO) Medicare Risk AM – Automobile Medical CH – Champus DS – Disability HM – Health Maintenance Organization LM – Liability Medical MA – Medicare Part A MB – Medicare Part B MC – Medicaid OF – Other Federal Program TV – Title V VA – Veteran Administration Plan WC – Workers' Compensation Health Claim	No Current Equivalent	12 – Preferred Provider Organization (PPO) 13 – Point of Service (POS) 14 – Exclusive Provider Organization (EPO) 15 – Indemnity Insurance 16 – Health Maintenance Organization (HMO) Medicare Risk AM – Automobile Medical CH – Champus DS – Disability HM – Health Maintenance Organization LM – Liability Medical MA – Medicare Part A MB – Medicare Part B MC – Medicaid OF – Other Federal Program TV – Title V VA – Veteran Administration Plan WC – Workers' Compensation Health Claim
27	Claim Adjustment/ Claim Adjustment Group Code	2100 - CAS01	CO – Contractual Obligations CR – Correction and Reversals OA – Other adjustments PI – Payor Initiated Reductions PR – Patient Responsibility	No Current Equivalent	CO – Contractual Obligations CR – Correction and Reversals OA – Other adjustments PI – Payor Initiated Reductions PR – Patient Responsibility
28	Claim Adjustment/Adjustment Reason Code	2100 – CAS02	Hundreds of Claim Adjustment Reason codes; see Reason Codes spreadsheet for complete list	Hundreds of PMMIS Reason Codes; see Reason Codes spreadsheet for complete list	See Reason Codes spreadsheet for mapping
29	Patient Name/ Entity Identifier Code	2100 - NM101	QC – Patient	No Current Equivalent	QC – Patient
30	Patient Name/ Entity Type Qualifier	2100 - NM102	1 – Person	No Current Equivalent	1 – Person
31	Patient Name/ Identification Code Qualifier	2100 - NM108	34 – Social Security Number HN – Health Insurance Claim (HIC) Number MI – Member Identification Number MR – Medicaid Recipient Identification Number	No Current Equivalent	34 – Social Security Number HN – Health Insurance Claim (HIC) Number MI – Member Identification Number MR – Medicaid Recipient Identification Number
32	Insured Name/ Entity Identifier Code	2100 - NM101	IL – Insured or Subscriber	No Current Equivalent	IL – Insured or Subscriber
33	Insured Name/ Entity Type Qualifier	2100 - NM102	1 – Person 2 – Non-Person Entity	No Current Equivalent	1 – Person 2 – Non-Person Entity

835 Remittance Advice Codes and Values Mapping

DRAFT

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
34	Insured Name/ Identification Code Qualifier	2100 - NM108	34 – Social Security Number HN – Health Insurance Claim (HIC) Number MI – Member Identification Number	No Current Equivalent	34 – Social Security Number HN – Health Insurance Claim (HIC) Number MI – Member Identification Number
35	Corrected Patient/ Insured Name/ Entity Identifier Code	2100 - NM101	74 – Corrected Insured	No Current Equivalent	74 – Corrected Insured
36	Corrected Patient/ Insured Name/ Entity Type Qualifier	2100 - NM102	1 – Person 2 – Non-Person Entity	No Current Equivalent	1 – Person 2 – Non-Person Entity
37	Corrected Patient/ Insured Name/ Identification Code Qualifier	2100 - NM108	C – Insured's Changed Unique Identification Number	No Current Equivalent	C – Insured's Changed Unique Identification Number
38	Service Provider Name/ Entity Identifier Code	2100 - NM101	82 – Rendering Provider	No Current Equivalent	82 – Rendering Provider
39	Service Provider Name/ Entity Type Qualifier	2100 - NM102	1 – Person 2 – Non-Person Entity	No Current Equivalent	1 – Person 2 – Non-Person Entity
40	Service Provider Name/ Identification Code Qualifier	2100 - NM108	BD – Blue Cross Provider Number BS – Blue Shield Provider Number FI – Federal Taxpayer's Identification Number MC – Medicaid Provider Number PC – Provider Commercial Number SL – State License Number UP – Unique Physician Identification Number (UPIN) XX – Health Care Financing Administration National Provider Identifier<BI>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	BD – Blue Cross Provider Number BS – Blue Shield Provider Number FI – Federal Taxpayer's Identification Number MC – Medicaid Provider Number PC – Provider Commercial Number SL – State License Number UP – Unique Physician Identification Number (UPIN) XX – Health Care Financing Administration National Provider Identifier<BI>Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
41	Crossover Carrier Name/ Entity Identifier Code	2100 - NM101	TT – Transfer To	No Current Equivalent	TT – Transfer To
42	Crossover Carrier Name/ Entity Type Qualifier	2100 - NM102	2 – Non-Person Entity	No Current Equivalent	2 – Non-Person Entity

835 Remittance Advice Codes and Values Mapping

DRAFT

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
43	Crossover Carrier Name/ Identification Code Qualifier	2100 - NM108	AD – Blue Cross Blue Shield Association Plan Code FI – Federal Taxpayer's Identification Number NI – National Association of Insurance Commissioners (NAIC) Identification PI – Payor Identification PP – Pharmacy Processor Number XV – Health Care Financing Administration National PlanID. Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	AD – Blue Cross Blue Shield Association Plan Code FI – Federal Taxpayer's Identification Number NI – National Association of Insurance Commissioners (NAIC) Identification PI – Payor Identification PP – Pharmacy Processor Number XV – Health Care Financing Administration National PlanID. Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.
44	Corrected Priority Payer Name/ Entity Identifier Code	2100 - NM101	PR – Payer	No Current Equivalent	PR – Payer
45	Corrected Priority Payer Name/ Entity Type Qualifier	2100 - NM102	2 – Non-Person Entity	No Current Equivalent	2 – Non-Person Entity
46	Corrected Priority Payer Name/ Identification Code Qualifier	2100 - NM108	AD – Blue Cross Blue Shield Association Plan Code FI – Federal Taxpayer's Identification Number NI – National Association of Insurance Commissioners (NAIC) Identification PI – Payor Identification PP – Pharmacy Processor Number XV – Health Care Financing Administration National PlanID. Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	AD – Blue Cross Blue Shield Association Plan Code FI – Federal Taxpayer's Identification Number NI – National Association of Insurance Commissioners (NAIC) Identification PI – Payor Identification PP – Pharmacy Processor Number XV – Health Care Financing Administration National PlanID. Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.
47	Inpatient Adjudication Information/Remark Code	2100 – MIA20	Hundreds of Remittance Advice Remark Codes; see Reason Codes spreadsheet for complete list	Hundreds of PMMIS Reason Codes; see Reason Codes spreadsheet for complete list	See Reason Codes spreadsheet for mapping
48	Outpatient Adjudication Information/Remark Code	2100 – MOA03	Hundreds of Remittance Advice Remark Codes; see Reason Codes spreadsheet for complete list	Hundreds of PMMIS Reason Codes; see Reason Codes spreadsheet for complete list	See Reason Codes spreadsheet for mapping

835 Remittance Advice Codes and Values Mapping

DRAFT

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
49	Other Claim Related Identification/ Reference Identification Qualifier	2100 - REF01	1L – Group or Policy Number 1W – Member Identification Number 9A – Repriced Claim Reference Number 9C – Adjusted Repriced Claim Reference Number A6 – Employee Identification Number BB – Authorization Number CE – Class of Contract Code EA – Medical Record Identification Number F8 – Original Reference Number G1 – Prior Authorization Number G3 – Predetermination of Benefits Identification Number IG – Insurance Policy Number SY – Social Security Number	No Current Equivalent	1L – Group or Policy Number 1W – Member Identification Number 9A – Repriced Claim Reference Number 9C – Adjusted Repriced Claim Reference Number A6 – Employee Identification Number BB – Authorization Number CE – Class of Contract Code EA – Medical Record Identification Number F8 – Original Reference Number G1 – Prior Authorization Number G3 – Predetermination of Benefits Identification Number IG – Insurance Policy Number SY – Social Security Number
50	Rendering Provider Identification/ Reference Identification Qualifier	2100 - REF01	1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number D3 – National Association of Boards of Pharmacy Number G2 – Provider Commercial Number	No Current Equivalent	1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number D3 – National Association of Boards of Pharmacy Number G2 – Provider Commercial Number
51	Claim Date/ Date/ Time Qualifier	2100 - DTM01	036 – Expiration 050 – Received 232 – Claim Statement Period Start 233 – Claim Statement Period End	No Current Equivalent	036 – Expiration 050 – Received 232 – Claim Statement Period Start 233 – Claim Statement Period End
52	Claim Contact Information/ Contact Function Code	2100 - PER01	CX – Payers Claim Office	No Current Equivalent	CX – Payers Claim Office
53	Claim Contact Information/ Communication Number Qualifier	2100 - PER03	EM – Electronic Mail FX – Facsimile TE – Telephone	No Current Equivalent	EM – Electronic Mail FX – Facsimile TE – Telephone
54	Claim Contact Information/ Communication Number Qualifier	2100 - PER05	EM – Electronic Mail EX – Telephone Extension FX – Facsimile TE – Telephone	No Current Equivalent	EM – Electronic Mail EX – Telephone Extension FX – Facsimile TE – Telephone
55	Claim Contact Information/ Communication Number Qualifier	2100 - PER07	EX – Telephone Extension	No Current Equivalent	EX – Telephone Extension

835 Remittance Advice Codes and Values Mapping

DRAFT

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
56	Claim Supplemental Information/ Amount Qualifier Code	2100 - AMT01	AU – Coverage Amount D8 – Discount Amount DY – Per Day Limit F5 – Patient Amount Paid I – Interest NL – Negative Ledger Balance T – Tax T2 – Total Claim Before Taxes ZK – Federal Medicare or Medicaid Payment Mandate - Category 1 ZL – Federal Medicare or Medicaid Payment Mandate - Category 2 ZM – Federal Medicare or Medicaid Payment Mandate - Category 3 ZN – Federal Medicare or Medicaid Payment Mandate - Category 4 ZO – Federal Medicare or Medicaid Payment Mandate - Category 5 ZZ – Mutually Defined	No Current Equivalent	AU – Coverage Amount D8 – Discount Amount DY – Per Day Limit F5 – Patient Amount Paid I – Interest NL – Negative Ledger Balance T – Tax T2 – Total Claim Before Taxes ZK – Federal Medicare or Medicaid Payment Mandate - Category 1 ZL – Federal Medicare or Medicaid Payment Mandate - Category 2 ZM – Federal Medicare or Medicaid Payment Mandate - Category 3 ZN – Federal Medicare or Medicaid Payment Mandate - Category 4 ZO – Federal Medicare or Medicaid Payment Mandate - Category 5 ZZ – Mutually Defined
57	Claim Supplemental Information Quantity/ Quantity Qualifier	2100 - QTY01	CA – Covered - Actual CD – Co-insured - Actual LA – Life-time Reserve - Actual LE – Life-time Reserve - Estimated NA – Number of Non-covered Days NE – Non-Covered - Estimated NR – Not Replaced Blood Units OU – Outlier Days PS – Prescription VS – Visits ZK – Federal Medicare or Medicaid Payment Mandate – Category 1 ZL – Federal Medicare or Medicaid Payment Mandate – Category 2 ZM – Federal Medicare or Medicaid Payment Mandate – Category 3 ZN – Federal Medicare or Medicaid Payment Mandate – Category 4 ZO – Federal Medicare or Medicaid Payment Mandate – Category 5	No Current Equivalent	CA – Covered - Actual CD – Co-insured - Actual LA – Life-time Reserve - Actual LE – Life-time Reserve - Estimated NA – Number of Non-covered Days NE – Non-Covered - Estimated NR – Not Replaced Blood Units OU – Outlier Days PS – Prescription VS – Visits ZK – Federal Medicare or Medicaid Payment Mandate – Category 1 ZL – Federal Medicare or Medicaid Payment Mandate – Category 2 ZM – Federal Medicare or Medicaid Payment Mandate – Category 3 ZN – Federal Medicare or Medicaid Payment Mandate – Category 4 ZO – Federal Medicare or Medicaid Payment Mandate – Category 5

835 Remittance Advice Codes and Values Mapping

DRAFT

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
58	Service Payment Information/ Product/ Service ID Qualifier	2110 - SVC01 - 01	AD – American Dental Association Codes ER – Jurisdiction Specific Procedure and Supply Codes HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes ID – International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure IV – Home Infusion EDI Coalition (HIEC) Product/Service Code N1 – National Drug Code in 4-4-2 Format N2 – National Drug Code in 5-3-2 Format N3 – National Drug Code in 5-4-1 Format N4 – National Drug Code in 5-4-2 Format ND – National Drug Code (NDC) NU – National Uniform Billing Committee (NUBC) UB92 Codes RB – National Uniform Billing Committee (NUBC) UB82 Codes ZZ – Mutually Defined	No Current Equivalent	AD – American Dental Association Codes ER – Jurisdiction Specific Procedure and Supply Codes HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes ID – International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure IV – Home Infusion EDI Coalition (HIEC) Product/Service Code N1 – National Drug Code in 4-4-2 Format N2 – National Drug Code in 5-3-2 Format N3 – National Drug Code in 5-4-1 Format N4 – National Drug Code in 5-4-2 Format ND – National Drug Code (NDC) NU – National Uniform Billing Committee (NUBC) UB92 Codes RB – National Uniform Billing Committee (NUBC) UB82 Codes ZZ – Mutually Defined
59	Service Payment Information/ Product/ Service ID Qualifier	2110 - SVC06 - 01	AD – American Dental Association Codes ER – Jurisdiction Specific Procedure and Supply Codes HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes ID – International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure IV – Home Infusion EDI Coalition (HIEC) Product/Service Code N1 – National Drug Code in 4-4-2 Format N2 – National Drug Code in 5-3-2 Format N3 – National Drug Code in 5-4-1 Format N4 – National Drug Code in 5-4-2 Format ND – National Drug Code (NDC) NU – National Uniform Billing Committee (NUBC) UB92 Codes RB – National Uniform Billing Committee (NUBC) UB82 Codes ZZ – Mutually Defined	No Current Equivalent	AD – American Dental Association Codes ER – Jurisdiction Specific Procedure and Supply Codes HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes ID – International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure IV – Home Infusion EDI Coalition (HIEC) Product/Service Code N1 – National Drug Code in 4-4-2 Format N2 – National Drug Code in 5-3-2 Format N3 – National Drug Code in 5-4-1 Format N4 – National Drug Code in 5-4-2 Format ND – National Drug Code (NDC) NU – National Uniform Billing Committee (NUBC) UB92 Codes RB – National Uniform Billing Committee (NUBC) UB82 Codes ZZ – Mutually Defined

835 Remittance Advice Codes and Values Mapping

DRAFT

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
60	Service Date/ Date/ Time Qualifier	2110 - DTM01	150 – Service Period Start 151 – Service Period End 472 – Service	No Current Equivalent	150 – Service Period Start 151 – Service Period End 472 – Service
61	Service Adjustment/ Claim Adjustment Group Code	2110 - CAS01	CO – Contractual Obligations CR – Correction and Reversals OA – Other adjustments PI – Payor Initiated Reductions PR – Patient Responsibility	No Current Equivalent	CO – Contractual Obligations CR – Correction and Reversals OA – Other adjustments PI – Payor Initiated Reductions PR – Patient Responsibility
62	Service Adjustment/Adjustment Reason Code	2110 – CAS02	Hundreds of Claim Adjustment Reason codes; see Reason Codes spreadsheet for complete list	Hundreds of PMMIS Reason Codes; see Reason Codes spreadsheet for complete list	See Reason Codes spreadsheet for mapping
63	Service Identification/ Reference Identification Qualifier	2110 - REF01	1S – Ambulatory Patient Group (APG) Number 6R – Provider Control Number BB – Authorization Number E9 – Attachment Code G1 – Prior Authorization Number G3 – Predetermination of Benefits Identification Number LU – Location Number RB – Rate code number	No Current Equivalent	1S – Ambulatory Patient Group (APG) Number 6R – Provider Control Number BB – Authorization Number E9 – Attachment Code G1 – Prior Authorization Number G3 – Predetermination of Benefits Identification Number LU – Location Number RB – Rate code number
64	Rendering Provider Information/ Reference Identification Qualifier	2110 - REF01	1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number 1J – Facility ID Number HPI – Health Care Financing Administration National Provider Identifier SY – Social Security Number TJ – Federal Taxpayer's Identification Number	No Current Equivalent	1A – Blue Cross Provider Number 1B – Blue Shield Provider Number 1C – Medicare Provider Number 1D – Medicaid Provider Number 1G – Provider UPIN Number 1H – CHAMPUS Identification Number 1J – Facility ID Number HPI – Health Care Financing Administration National Provider Identifier SY – Social Security Number TJ – Federal Taxpayer's Identification Number

835 Remittance Advice Codes and Values Mapping

DRAFT

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
65	Service Supplemental Amount/ Amount Qualifier Code	2110 - AMT01	B6 – Allowed - Actual DY – Per Day Limit KH – Deduction Amount NE – Net Billed T – Tax T2 – Total Claim Before Taxes ZK – Federal Medicare or Medicaid Payment Mandate - Category 1 ZL – Federal Medicare or Medicaid Payment Mandate - Category 2 ZM – Federal Medicare or Medicaid Payment Mandate - Category 3 ZN – Federal Medicare or Medicaid Payment Mandate - Category 4 ZO – Federal Medicare or Medicaid Payment Mandate - Category 5	No Current Equivalent	B6 – Allowed - Actual DY – Per Day Limit KH – Deduction Amount NE – Net Billed T – Tax T2 – Total Claim Before Taxes ZK – Federal Medicare or Medicaid Payment Mandate - Category 1 ZL – Federal Medicare or Medicaid Payment Mandate - Category 2 ZM – Federal Medicare or Medicaid Payment Mandate - Category 3 ZN – Federal Medicare or Medicaid Payment Mandate - Category 4 ZO – Federal Medicare or Medicaid Payment Mandate - Category 5
66	Service Supplemental Quantity/ Quantity Qualifier	2110 - QTY01	NE – Non-Covered - Estimated ZK – Federal Medicare or Medicaid Payment Mandate - Category 1 ZL – Federal Medicare or Medicaid Payment Mandate - Category 2 ZM – Federal Medicare or Medicaid Payment Mandate - Category 3 ZN – Federal Medicare or Medicaid Payment Mandate - Category 4 ZO – Federal Medicare or Medicaid Payment Mandate - Category 5	No Current Equivalent	NE – Non-Covered - Estimated ZK – Federal Medicare or Medicaid Payment Mandate - Category 1 ZL – Federal Medicare or Medicaid Payment Mandate - Category 2 ZM – Federal Medicare or Medicaid Payment Mandate - Category 3 ZN – Federal Medicare or Medicaid Payment Mandate - Category 4 ZO – Federal Medicare or Medicaid Payment Mandate - Category 5
67	Health Care Remark Codes/ Code List Qualifier Code	2110 - LQ01	HE – Claim Payment Remark Codes RX – National Council for Prescription Drug Programs Reject/Payment Codes	No Current Equivalent	HE – Claim Payment Remark Codes RX – National Council for Prescription Drug Programs Reject/Payment Codes
68	Health Care Remark Codes/Remark Code	2110 – LQ02	Hundreds of Remittance Advice Remark Codes; see Reason Codes spreadsheet for complete list	Hundreds of PMMIS Reason Codes; see Reason Codes spreadsheet for complete list	See Reason Codes spreadsheet for mapping

835 Remittance Advice Codes and Values Mapping

DRAFT

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
69	Provider Adjustment/ Adjustment Reason Code	2110 - PLB03 - 01	50 – Late Charge 51 – Interest Penalty Charge 72 – Authorized Return 90 – Early Payment Allowance AM – Applied to Borrower's Account AP – Acceleration of Benefits B2 – Rebate B3 – Recovery Allowance BD – Bad Debt Adjustment BN – Bonus C5 – Temporary Allowance CR – Capitation Interest CS – Adjustment CT – Capitation Payment CV – Capital Passthru CW – Certified Registered Nurse Anesthetist Passthru DM – Direct Medical Education Passthru E3 – Withholding FB – Forwarding Balance FC – Fund Allocation GO – Graduate Medical Education Passthru IP – Incentive Premium Payment IR – Internal Revenue Service Withholding IS – Interim Settlement J1 – Nonreimbursable L3 – Penalty L6 – Interest Owed LE – Levy LS – Lump Sum OA – Organ Acquisition Passthru OB – Offset for Affiliated Providers PI – Periodic Interim Payment PL – Payment Final RA – Retro-activity Adjustment RE – Return on Equity SL – Student Loan Repayment TL – Third Party Liability WO – Overpayment Recovery WU – Unspecified Recovery ZZ – Mutually Defined	No Current Equivalent	50 – Late Charge 51 – Interest Penalty Charge 72 – Authorized Return 90 – Early Payment Allowance AM – Applied to Borrower's Account AP – Acceleration of Benefits B2 – Rebate B3 – Recovery Allowance BD – Bad Debt Adjustment BN – Bonus C5 – Temporary Allowance CR – Capitation Interest CS – Adjustment CT – Capitation Payment CV – Capital Passthru CW – Certified Registered Nurse Anesthetist Passthru DM – Direct Medical Education Passthru E3 – Withholding FB – Forwarding Balance FC – Fund Allocation GO – Graduate Medical Education Passthru IP – Incentive Premium Payment IR – Internal Revenue Service Withholding IS – Interim Settlement J1 – Nonreimbursable L3 – Penalty L6 – Interest Owed LE – Levy LS – Lump Sum OA – Organ Acquisition Passthru OB – Offset for Affiliated Providers PI – Periodic Interim Payment PL – Payment Final RA – Retro-activity Adjustment RE – Return on Equity SL – Student Loan Repayment TL – Third Party Liability WO – Overpayment Recovery WU – Unspecified Recovery ZZ – Mutually Defined

835 Remittance Advice Codes and Values Mapping

DRAFT

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
70	Transaction Segment Count	Transaction Set Trailer - SE01		No Current Equivalent	
71	Transaction Set Control Number	Transaction Set Trailer - SE02		No Current Equivalent	